

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1		1				52						
3		7		1			53						
4	1						54						
5		1		1			55						
6	1						56						
7	1						57						
8	1						58						
9		6		2			59						
10		2		2			60						
11		8					61						
12		8		1			62						
13				1			63						
14				1			64						
15				1			65						
16			1				66						
17				1			67						
18				1			68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6		2				TOTAL IND.						
TOTAL DEP.	32		12				TOTAL DEP.						
TOTAL CLAIMS	38		14				TOTAL CLAIMS						